File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2009 JUL 14 AM 8: 54

COMMITTEE NAME (Must be same as on Statement of Organ	nization)		
Laborers Local Union			ORM DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: [ (1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (4)County Central Committee (5)County Candidate (6)City Candidate (8)County PAC (9)City PAC (10)School B	late (7) School Board or Other Politica	For	V. 07/2007) REPORT Office Use Only
11 ) Local Ballot Issue			um. #
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Sca	nned
Office Sought	District (if Senate or House)	Aud	ited
Late reports are subject to possible civil and criminal penalties. Pur	suant to lowa Code sections 68B.32	A(7) and 68A.	401(3), the candidate, for a
Ello Da	641-682-1275 TELEPHONE	5 1	7-14-09
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
IAMFILINGA Jan. 1st to June 30th 20	09REPORT FOR (1) ELECTION	//2\NON-EL	ECTION YEAR.
(report date)	Indicate by		
CHECK IF AMENDMENT TO REPORT DATED		Local Commi	ttees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.		County & Loc which Election	cal Committees, enter County in in is held
STATEMENT OF CASH ON HAND	)		
			63
STATEMENT OF CASH ON HAND  CASH ON HAND at the beginning of the reporting period. (Tot committee. This amount MUST be the same as the of the last reporting period or must be zero if this is file.)	tal of all funds held by the	\$	1615.53
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the committee.	tal of all funds held by the	\$	1615.53
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the confittee of the last reporting period or must be zero if this is find.)	ial of all funds held by the cash on hand at the end st report filed.)	\$	1615.53 6053.08
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Reset Form

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN** 

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Laborers' Local Union #566 PAC

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
16/09		Laborers'Local 566		\$759. <sup>25</sup>	
1/24/09	ID# CK#	Laborers' Training Fund		396.90	
2/9/09	ID# CK#	Laborers' Lucal 566		607.40	
2/24/09		Laborers Training fund		317,52	
3/25/09		haborers Local 566		(A),40	
3/24/09	ID# CK#	Laborers' Training Fund		317.52	
4/1/09	ID# CK#	Laborers' Local 566		759.25	
4/16/09	CK#	Laborers' Training Fund		317,52	
5/14/09	ID# CK#	Laborers' Local 566		607.40	
5/6/09	ID# CK#	Laborers' Training fund		476.28	
			SUB-TOTAL	511144	

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Laborers' Ling 1: Union #5/a/a PAC

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	\ IF FOR FUND- RAISER INCOME
430/09	ID# CK#	Laborers' Local 566		\$589.64	
439/09 6/11/09	ID# CK#	Laborers' Training Fund		\$589.64 291.00	
·	ID# CK#		:		
	ID# CK#				
	ID# CK#				
	CK#				
	ID# CK#	·			
	ID# CK#				
	ID# CK#			-	
	ID# CK#				

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) PAC scal Union #566 aborers' NAME AND ADDRESS TO WHOM CANDIDATE PURPOSE **AMOUNT** DATE **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE AND PAC (MM/DD/YR) CHECK NUMBER ID#9118 Lucas County Charitable CK#1027 Democrats National Little Contribution Charitable League Contribution 1026 Bank Charges ID# CK#MONTAS 6 months @ 3 21= ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#

SUB-TOTAL

\$519.26

TOTAL (if last page of this schedule)

\$ 519.26

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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